

EXHIBIT 5

REQUEST FOR LEAVE OF ABSENCE

Name: Ronnie Giles Shift: 1st Department: WH
 Social Security #: _____ Date of Hire: 7-19-99 Clock #: 106846

Was the injury/illness work related? (circle one) YES ☐ NO ☒

Reason for leave request: (Please check one) Date of Request: 12-19-05

☒ Due to your own injury or illness (may be covered by FMLA)

☐ Due to medical condition of your spouse, parent, son, or daughter (may be covered by FMLA)

☐ Due to birth and/or care for a child, placement for adoption or foster care (may be covered by FMLA)

☐ Military Leave

☐ Funeral Leave

☐ Jury or Witness Duty

☐ Personal Leave of Absence

FMLA papers given 12-21-05
 Return within 15 days by 1-3-06.

Ronnie Giles

Date requested leave to begin: 12-19-05 Anticipated return date: JAN 3, 2006

Description (REQUIRED): In order to properly process your request, you need to provide a general description of the circumstances giving rise to your need – including an indication as to when you first realized you would need a leave of absence.

ON 12-15-05 when laying down in bed on RIGHT SHOULDER WAS
too painful to lay on. Had sharp pains in shoulder on Friday 16th
at work and more sharp pains in foot.

Employee Signature: Ronnie Giles Date: 12-19-05
12-21-05

APPROVED

NOT APPROVED

Approval Date: 1-6-06

Business Unit Manager

Human Resources Manager

General Manager

Date: _____ Date: 1-6-06 Date: _____

Completion of this form only represents a request for a leave of absence. A leave is approved only if all three signatures appear above. This form does not absolve you of your responsibility for compliance with any attendance policy provision.

Leave Starting Date: 12-19-05 For Human Resources Use Only: Last Date Worked: 12-16-05 Return To Work Date: 1-3-06
 Paid Leave: ☒ YES ☐ NO Number Of Days Paid: _____
 PTO/Vacation Deduction: 0 STD Benefit Level: _____ Workers Comp Benefit Level: _____